Quarter 1: 2010/2011

Gateway reference number: 15137

Welcome to the thirteenth edition of the quarter – an update from David Flory, Deputy NHS Chief Executive

Introduction

This report for the first quarter of 2010/11, and the first for the new Coalition Government, shows that the NHS continues to perform well, with many areas showing improvements against the operational standards. There remains, however, significant variation between organisations – the 'levelling up' of variation is not happening quickly enough.

This publication reflects the Revision to the Operating Framework for the NHS in England 2010/11, published on 21 June 2010. Some process targets have been removed or changed, but the NHS should continue to deliver improvements in standards and quality, deliver better value for money and improve health outcomes. It is essential that current performance is maintained or improved during a critical time of transition.

Last month, the Spending Review announced that overall NHS spending will increase by 0.4 percent (0.1 percent per year) in real terms over the spending review period (2011/12 to 2014/15). Within this, total revenue will increase by 1.3 percent real and capital decrease by 17.4 percent real.

In recognition of the pressures on the social care system in a challenging fiscal climate, the NHS will transfer some funding from the health capital budget to health revenue, to be spent on measures that support social care, which also benefits health. This funding will be up to £1 billion in 2014/15 and includes £300 million per annum funding for re-ablement services.

PCT allocations will be announced in detail in December alongside the Operating Framework for 2011/12, which will set out the financial parameters for the service for next year, including use of surplus and financial risk management, in order to maintain strong financial discipline whilst managing the transition to the new system envisaged in *Equity and Excellence: Liberating the NHS*.

On the NHS Performance Framework, from Q1 2010/11 onwards trusts are now rated on Finance and Quality separately. Using these two measures, we can observe that the majority of Acute and Ambulance trusts continue to perform well in both areas, with only a small number under review or underperforming. While some trusts have improved since the last quarter, pockets of underperformance must be addressed.

Looking at individual areas of performance:

- the NHS is continuing to perform very well against all of the cancer waits standards at national level, although variations remain locally
- the A&E operational standard has been revised and performance levels maintained
- it is welcome to see that ambulance response times have improved despite increased demand
- this period saw the highest ever numbers accessing the NHS Stop Smoking Services and quitting.

On the other hand:

- screening for diabetic retinopathy is not consistent across the country, with some PCTs still not offering screening to all people with diabetes, at a time when the number of people with diabetes is rising

- stroke and transient ischaemic attack (TIA) performance varies between SHAs, with some already exceeding the thresholds set for March 2011 and others with some way to go. Variations at PCT level are greater.

While central performance management of the 18-weeks waiting times target has ceased, standards and quality should be maintained. The NHS Constitution right to start treatment within 18 weeks remains in place, and commissioners should ensure that this is met. The focus has shifted to median referral to treatment waiting times and organisations with exceptionally long waiters. Performance is stable overall but there is significant local variation.

1. Finance

The returns for the first quarter of 2010/11 show that SHAs and PCTs are forecasting an overall surplus of £1,345 million, which is 1.4 percent of total revenue resources and is in line with the revised Operating Framework. Additionally, this is the first year that SHAs must ensure that there is at least two percent non-recurrent expenditure from PCT recurrent resources at regional level.

The overall surplus, together with the non-recurrent expenditure and the spending review announcement of real growth, put the NHS in a strong position to invest in the improvement of quality and productivity going forward in the delivery of the strategy and reforms outlined in *Equity and Excellence: Liberating the NHS*.

NHS trusts (excluding foundation trusts) are forecasting an overall operating surplus of £186 million at Q1 for 2010/11.

Figure 1 - NHS Financial Performance by SHA area - SHA & PCT sector

	2007/08		2008/09		2009/10		2010/11 Quarter 1 Forecast Outturn	
	£m	% Resource Limit	£m	% Resource Limit	£m	% Resource Limit	£m	% Resource Limit
North East	96	2.2%	109	2.3%	80	1.6%	69	1.3%
North West	273	2.3%	295	2.4%	185	1.4%	185	1.3%
Yorkshire & The Humber	243	3.0%	216	2.5%	185	2.0%	143	1.5%
East Midlands	94	2.1%	107	1.6%	83	1.2%	85	1.1%
West Midlands	102	2.3%	101	1.2%	80	0.8%	70	0.7%
East of England	59	1.3%	139	1.7%	137	1.5%	100	1.0%
London	238	5.4%	327	2.3%	382	2.4%	456	2.7%
South East Coast	51	1.2%	62	1.0%	50	0.7%	74	1.0%
South Central	37	0.8%	44	0.8%	60	0.9%	58	0.9%
South West	101	2.3%	104	1.3%	95	1.1%	105	1.2%
Total	**1,294**	**1.7%**	**1,504**	**1.8%**	**1,337**	**1.5%**	**1,345**	**1.4%**

Figure 2 - NHS Financial Performance by SHA area - Trust sector

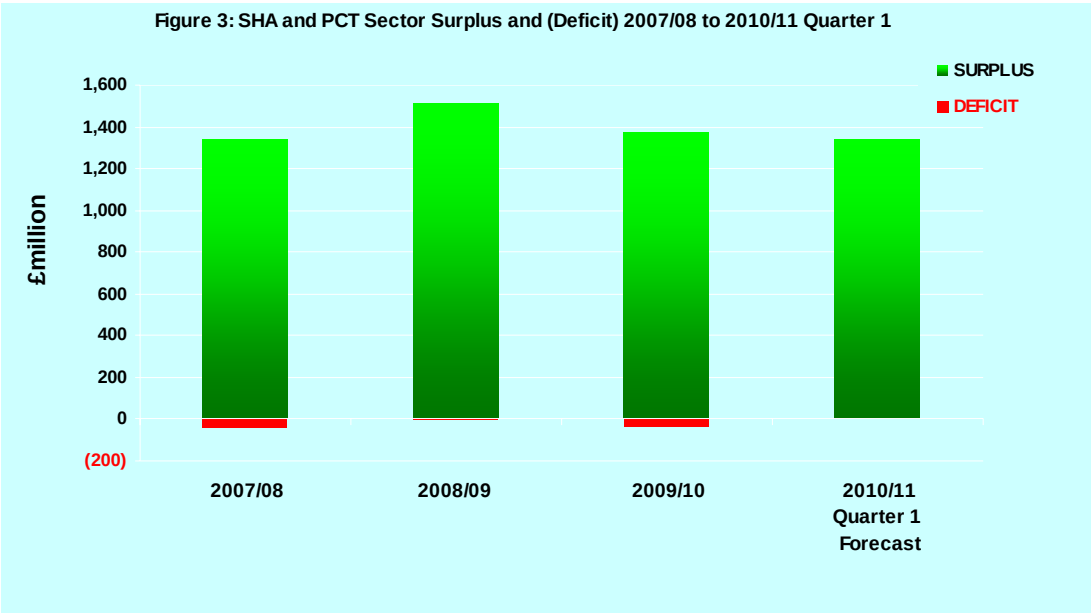
	2007/08		2008/09		2009/10		2010/11 Quarter 1 Forecast Outturn	
	£m	% Turnover	£m	% Turnover	£m	% Turnover	£m	% Turnover
North East	33	2.9%	17	0.3%	10	3.0%	3	3.1%
North West	44	3.9%	(15)	(0.1%)	15	0.5%	17	0.6%
Yorkshire & The Humber	16	1.4%	44	0.4%	14	0.6%	7	0.3%
East Midlands	36	3.2%	22	0.2%	18	0.7%	20	0.7%
West Midlands	51	4.5%	48	0.4%	53	1.6%	29	0.9%
East of England	26	2.3%	40	0.4%	30	1.4%	26	1.2%
London	47	4.1%	(21)	(0.1%)	(3)	(0.0%)	14	0.2%
South East Coast	34	3.0%	49	0.5%	37	1.5%	27	1.1%
South Central	38	3.3%	18	0.2%	(7)	(0.3%)	10	0.4%
South West	48	4.2%	33	0.3%	28	1.3%	33	1.6%
Total	**373**	**1.1%**	**235**	**0.8%**	**195**	**0.7%**	**186**	**0.7%**

There are no PCTs forecasting a deficit in Q1, which compares to four PCTs reporting a gross deficit of £39 million in their 2009/10 final accounts.

There are two NHS trusts forecasting a gross operating deficit of £55 million[1] in Q1, which compares with six NHS trusts reporting a gross operating deficit of £98 million in their 2009/10 final accounts. The two NHS trusts forecasting a gross operating deficit at Q1 are South London Healthcare NHS Trust (£36 million) and Barking, Havering & Redbridge Hospitals NHS Trust (£19 million). Both of these NHS trusts also reported a gross operating deficit in 2009/10.

The Department will continue to work with the SHA to ensure that, during 2010/11, the two organisations that are forecasting a deficit have plans in place to return to financial balance, whilst at the same time maintaining and improving services to patients.

Figure 3: SHA and PCT Sector Surplus and (Deficit) 2007/08 to 2010/11 Quarter 1



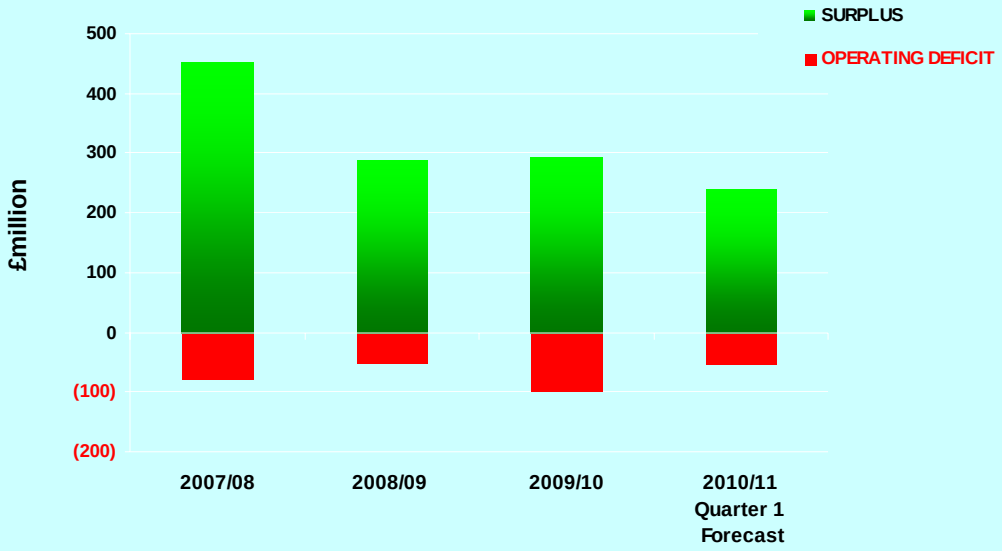
[1] In addition to the gross operating deficit, there is a gross technical deficit of £297 million in thirty one NHS Trusts (two of these organisations also have an operating deficit).

A technical deficit is a deficit arising due to one or both of the following:

a) **Impairments to Fixed Assets** – 2009/10 was the final year for organisations to revalue their assets to a Modern Equivalent Asset (MEA) basis of valuation. An impairment charge is not considered part of the organisation's operating position.

b) **The revenue cost of bringing PFI assets onto the balance sheet** (due to the introduction of International Financial Reporting Standards (IFRS) accounting in 2009/10) - NHS Trusts' financial performance measurement needs to be aligned with the guidance issued by HM Treasury measuring Departmental expenditure. Therefore, the incremental revenue expenditure resulting from the application of IFRS to PFI, which has no cash impact and is not chargeable for overall budgeting purposes, should be reported as technical.

Figure 4: Trust Sector Surplus and (Operating Deficit) 2007/08 to 2010/11 Quarter 1



2. NHS Performance Framework

The results of the 2010/11 Q1 Frameworks are the first to illustrate the recent revision to the Performance Framework. Updated guidance is available. Organisations will now be given two separate, equally-weighted performance ratings: one for Finance, and one for Quality of Services (comprised of Standards & Vital Signs, CQC Registration Status, and User Experience).

In addition, from Q1 onwards, the A&E four hour response time upper threshold will be 95 percent.

The Q1 Finance results reveal that nationally, there are 76 trusts ‘Performing’ (65 acute trusts and 11 ambulance trusts), five trusts ‘Performance under review’ (All acute trusts), and seven trusts ‘Underperforming’ (All acute trusts).

The Q1 Quality of Service results reveal that there are 68 trusts ‘Performing’ (60 acute trusts and eight ambulance trusts), seven trusts with 'Performance under review' (All acute trusts) and 13 trusts 'Underperforming' (10 acute trusts and three ambulance trusts). Of these 13 trusts, 11 trusts (nine acute trusts and two ambulance trusts) were escalated to 'Underperforming' having been 'Performance under review' for three consecutive quarters.

Of the seven trusts ‘Underperforming’ on Finance, six have been escalated to ‘Challenged’ due to having been ‘Underperforming’ for three consecutive quarters. While a number of these trusts have achieved adequate scores in the latest set of results, they have still been escalated to ‘Challenged’ either due to outstanding concerns regarding their underlying financial health, or due to having outstanding debt with the Department with no plans for repayment.

The six trusts ‘Challenged’ on Finance are:

- Barking, Havering and Redbridge University Hospitals NHS Trust
- Portsmouth Hospitals NHS Trust
- North West London Hospitals NHS Trust
- South London Healthcare NHS Trust
- Trafford Healthcare NHS Trust
- West Middlesex University Hospital NHS Trust.

3. Experience, satisfaction and engagement

Eliminating mixed sex accommodation

At the end of June 2010, five trusts had not declared compliance with the requirement of the original Operating Framework (November 2009) that they had virtually eliminated mixed-sex accommodation (MSA). Others have subsequently reported breaches, some on a significant scale.

Against the background of the revised Operating Framework (June 2010), the Secretary of State announced robust new steps to ensure that from January 2011, NHS organisations routinely report breaches of same sex accommodation guidance. These reports will use a consistent definition – that MSA will be eliminated, except in circumstances where the alternative is clearly in the overall best interests of the patient, or reflects their personal choice. This approach provides renewed focus on organisations being held to account for managing beds and facilities to eliminate MSA. The associated data will be published.

Also, commissioners will be expected to apply sanctions to NHS organisations that breach the guidance. The existing regime of sanctions will be strengthened.

Patient Environment Action Teams (PEAT)

PEAT annually assess a range of patient services. This enables the National Patient Safety Agency (NPSA) to give hospitals ratings (excellent, good, acceptable, poor or unacceptable), relating to: cleanliness (environment), food, and privacy and dignity. Assessment teams consist of staff, patients, patient representatives and/or members of the public.

At the national level, the 2010 data (published July 2010) show:

- **86 percent** of NHS sites across England (1,068) have been rated ‘excellent’ or ‘good’ for their environment.

- **95 percent** of NHS sites (1,180) achieved an ‘excellent’ or ‘good’ rating for the quality, choice and availability of food for patients. This figure has remained unchanged from last year.

- **96 percent** of NHS sites achieved an ‘excellent’ or ‘good’ rating for the provision of privacy and dignity. This advance is the largest single-year improvement ever measured and mirrors the findings of the 2009 CQC in-patient survey, which recorded the best-ever patient experience in both cleaning, and privacy and dignity.

- There were 40 sites which scored ‘excellent’ on all three PEAT categories – an increase of eight compared to last year.

The Department is considering how best the PEAT data can contribute to the ’information revolution‘ – facilitating patients to make more informed choices about their healthcare. More information about this year’s PEAT scores can be found at: www.nrls.npsa.nhs.uk/patient-safety-data/peat

GP patient survey

The GP patient survey has been running since 2006/07 asking patients about their experiences of their GP surgery. Between July 2009 and June 2010 the survey asked a different sample of 1.4 million adult patients registered with a GP in England to participate each quarter. Although the results show a slight decline, patients are still showing high levels of satisfaction with services provided by their GP.

- 90 percent of patients reported that they were either very satisfied or fairly satisfied with the overall care they receive at their surgery.
- 81 percent of patients responded that they were either very satisfied or fairly satisfied with their GP surgery's opening hours.
- 79 percent of patients who tried to get a quick appointment with a GP said they were able to do so within 48 hours.
- 75 percent of patients who wanted to book an appointment with a particular doctor at their GP surgery said they were able to do so all of the time or a lot of the time.
- 71 percent of patients who wanted to book ahead for an appointment with a GP reported that they were able to do so.
- 68 percent of patients reported that they were satisfied with their ability to get through to their doctor's surgery on the phone.
- 84 percent of people with a long-standing health problem, disability, or infirmity have had a discussion with a doctor or nurse about how best to deal with their health problem.
- Of those who have had discussions about how best to deal with their health problem, 88 percent felt that the doctor or nurse took notice of their views about dealing with their health problem, and 87 percent say they were given information on the things they might do to deal with their problem. 84 percent agreed with the doctor or nurse about how best to manage their health problem.

Patient experience

Patient self-reported experiences of services are a vital source of information that will help the NHS to embed quality as its guiding principle. As the ongoing public consultation *Transparency in outcomes – a framework for the NHS*[2] also makes clear, patient experience remains a key way of measuring service quality both locally and nationally. Improving the experiences of patients therefore remains a key priority in the 2010/11 NHS Operating Framework, and it is important that the NHS continues to improve the quality of care delivered. There are a number of ways that the Department currently records and measures these experiences, which are published periodically throughout the year – and many of which have been covered in recent editions of The Quarter. While recent surveys indicate that most patients report a

[2] www.dh.gov.uk/en/Consultations/Liveconsultations/DH_117583

positive experience of care overall, this is little consolation for patients who are treated in organisations that have not kept pace with the best.

NHS National Patient Survey Programme

To date, two surveys have been published as part of the 2009/10 survey programme, which is coordinated by the CQC. Detailed results of the outpatient and adult inpatient surveys are available on the CQC website[3], and they have also been summarised in previous editions of The Quarter[4].

In September 2010, CQC published the results of a patient survey covering community mental health services, and the results of a patient survey on maternity services are expected to be published by CQC in December.

Overall Measure of Patient Experience

Results from the NHS national patient survey are also used by the Department to construct an Overall Measure of Patient Experience in England for several settings in the NHS. The figures are calculated the same way for each update, so it is possible to compare results over time. Updates were made in February and May 2010 to take account of scores derived from the latest outpatient and adult inpatient surveys[5]. The main findings were:

- Outpatients: the overall score for 2009/10 is 78.6 (out of 100), which is 1.9 points higher than the score of 76.7 in 2004/05. The results also include scores against five domains of patient care, and scores across all five domains were higher than in 2004/05.

- Adult inpatients: the overall score for 2009/10 is 75.6 (out of 100), which is 0.4 points lower than the score of 76.0 in 2008/09. Scores in four out of the five domains were lower than 2008/09.

NHS Performance Framework

In line with recent implementation guidance[6], results from the adult inpatient survey and community mental health services surveys will be used to assess individual trust performance. Organisations are encouraged to review their position and consider what action they need to take to improve patient experience.

Under the NHS Performance Framework, local organisations can submit evidence to their SHA of improved patient experience and request an in-year re-assessment of their performance under the User Experience domain of the Framework. Further details on this process will be available soon.

[3] www.cqc.org.uk/aboutcqc/howwedoit/involvingpeoplewhouseservices/patientsurveys.cfm
[4] www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsStatistics/DH_087335
[5] www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsStatistics/DH_115996
[6] www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH_115035

4. Better access to care

Referral to treatment consultant-led waiting times

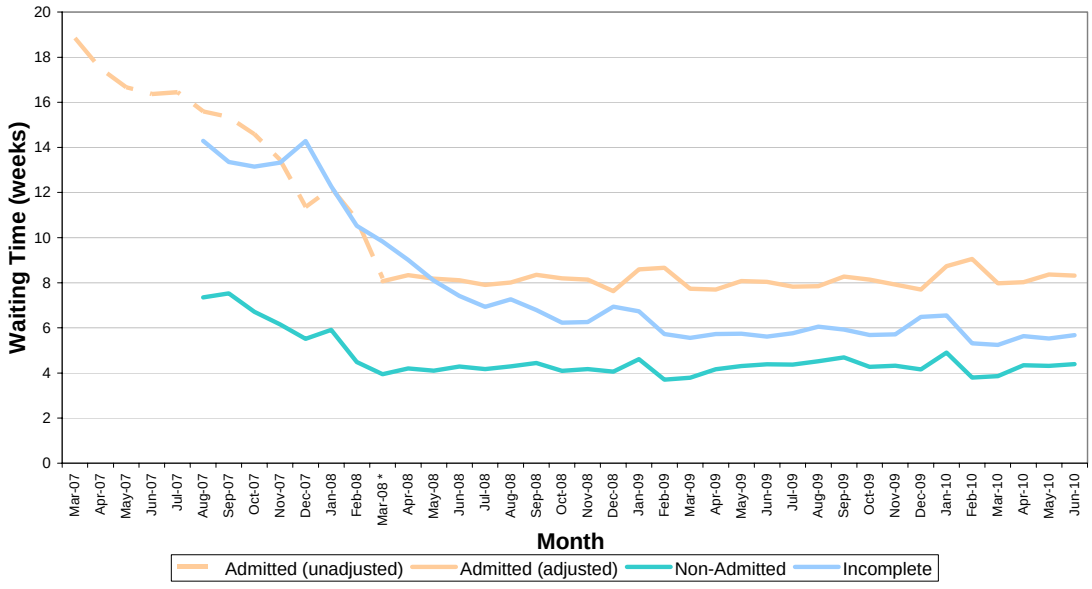
Central performance management of the previous 18-week waiting time target has ceased, but standards and quality should be maintained.

As set out in the Revision to the Operating Framework on 21 June, performance management of the 18-week waiting time target by the DH has ceased. However, commissioners must, as a minimum, maintain the contractual position and ensure that any flexibility to improve access reflects local clinical priorities. Referral to treatment (RTT) consultant-led waiting times data continue to be published and now include information on the median wait and 95th percentile waiting times as additional measures for local performance management. Standards and quality must continue to be improved; long waits are unacceptable to patients, and average waiting times must be further reduced.

The average (median) time waited for patients completing an RTT pathway in June 2010 was 8.3 weeks for admitted patients and 4.4 weeks for non-admitted patients. The 95th percentile time waited for patients completing an RTT pathway in June 2010 was 20.0 weeks for admitted patients and 14.9 weeks for non-admitted patients. For patients still waiting for treatment (incomplete pathways) in June 2010, the median waiting time was 5.7 weeks and the 95th percentile was 22.8 weeks.

These data show that the NHS was broadly maintaining waiting times on completed pathways, although there is variation in performance across the country. The median waiting time for incomplete pathways also remained broadly stable, but the number of incomplete pathways increased. Action must be put in place to ensure that average waiting times improve and to reduce RTT waiting times in organisations where patients experience exceptionally long waits. In June 2010, 63 acute trusts had above average waits.

Figure 5: Average (Median) RTT Waiting Times, England



Cancer waits

Performance status: Maintained

Q1 (April to June 2010) figures for two-week, 31-day and 62-day outpatient services and first definitive treatments show that waiting times are as follows:

- Two week wait – 95.5 percent of people seen by a specialist within two weeks of an urgent GP referral for suspected cancer – (95.6 percent in Q4 2009/10).
- 31-day wait – 98.4 percent of people treated within 31 days from diagnosis to first treatment for all cancers – (unchanged from Q4 2009/10).
- 62-day wait – 87.5 percent of people treated within 62 days from urgent referral for suspected cancer to first treatment, for all cancers – (86.7 percent in Q4 2009/10).

All of these levels of performance were above the specified operational standards.

Figures by cancer or treatment type (for first and subsequent treatments) and for non-cancer two-week wait activity are as follows:

- Breast symptom two-week wait – **94.3 percent** of people urgently referred for breast symptoms (where cancer was not initially suspected) were seen within two weeks of referral (92 percent in Q4 2009/10).
- 31-day wait – **99 percent** of people treated within 31 days from diagnosis to first treatment for breast cancer (99.3 percent in Q4 2009/10).
- 62-day wait – **97.7 percent** of people treated within 62 days from urgent referral for suspected cancer to first treatment for breast cancer (97.6 percent in Q4 2009/10).
- 31-day wait **– 97.6 percent** of people treated within 31 days where subsequent treatment is surgery (97 percent in Q4 2009/10).
- 31-day wait – **99.7 percent** of people treated within 31 days where subsequent treatment is an anti-cancer drug regimen (99.5 percent in Q4 2009/10).
- 62-day wait – **94.1 percent** of people first treated within 62 days following a consultant's decision to upgrade a patient's priority, for all cancers (93.7 percent in Q4 2009/10).
- 62-day wait – **94.5 percent** of people first treated for cancer within 62 days following referral from an NHS screening service, for all cancers (93.9 percent in Q4 2009/10).

All of these levels of performance were also above the specified operational standards.

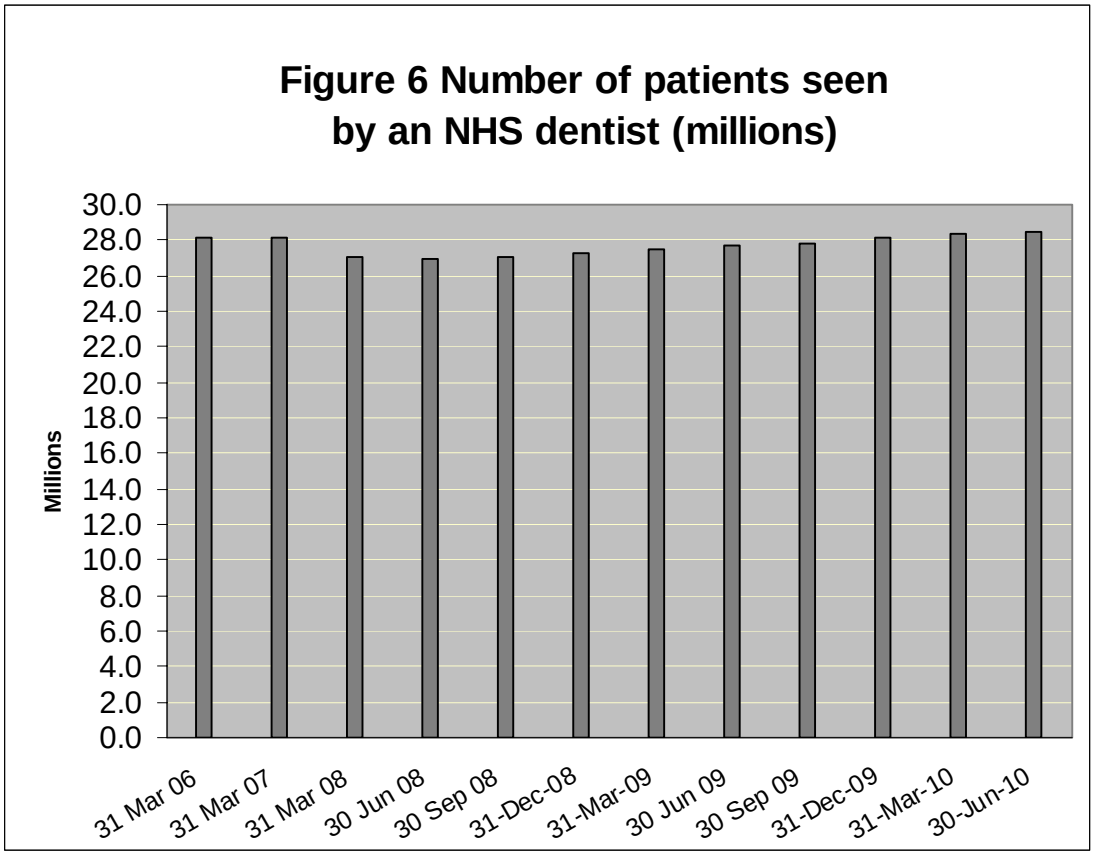
Dentistry

Performance status: Improved

Access continues to grow quarter on quarter.

The latest data shows that the number of patients accessing NHS dentistry has grown for the eighth consecutive quarter. Over the last two years (from the 24 months ending June 2008 to the 24 months ending June 2010) around 1.59 million more patients have accessed NHS dental services.

Access overall is 376,000 up when compared to the 24 months ending March 2006. However, access for children is still 90,000 lower than in March 2006 and access as a percentage of the population is 55.1 percent now compared to 55.8 percent in March 2006.



A&E

Performance status: Maintained

The Operational Standard has been revised from 98 percent to 95 percent.

Across all A&E types, 98.4 percent[7] of patients spent four hours or less from arrival to admission, transfer or discharge. This compares to 97.9 percent in the previous quarter (Q4 2009/10) and 98.6 percent for the same quarter last year (Q1 2009/10). In Q1 there were 5.5 million attendances at all types of A&E departments, a 3.9 percent increase from the same quarter last year (Q1 2009/10) and a 11.9 percent increase from the previous quarter (Q4 2009/10).

For major A&E (type 1s) there was a 1.1 percent increase in attendances over the same quarter last year (Q1 2009/10) and a 11.2 percent increase from the previous quarter (Q4 2009/10).

Of the 3.6 million patients who attended major A&E departments (type 1s), 23.9 percent or 0.9 million needed to be admitted to hospital. Of these, 98.3 percent were placed in a bed in a ward within four hours of a decision to admit. This compares to 98.6 percent in the same quarter last year (Q1 2009/10).

Ambulances

Performance status: Improved

Provisional unverified data is available in-year for year to date Q1 performance and this indicates that ambulance services nationally achieved against the Category A, 8-minute response time target and made improvements against the Category B, 19-minute response time targets when compared with the same quarter in the previous year.

The ambulance service continues to deal with more calls than ever before with 16,741 more Category A (immediately life threatening) and B (serious, but not immediately life threatening) calls being dealt with in Q1 2010/11, compared with the same quarter in the previous year.

Despite increased levels of demand, the ambulance service nationally have responded to 76.5 percent of category A calls within 8 minutes (compared to 76 percent for Q1 in 2009/10) and 92.9 percent of category B calls within 19 minutes (compared to 91.7 percent for Q1 in 2009/10).

7 It should be noted that the calculation of A&E figures has changed from Q1 2010-11 onwards. Prior to 2010-11 the calculation has identified the proportion of breaches with respect to all A&E attendances, irrespective of whether the time spent in A&E was known. The new calculation shows the breaches as a proportion of total attendances *for which the time spent in A&E is known*. Any attendances for which the time spent in A&E is unknown are excluded from the total attendances for the purpose of the calculation.

5. Healthcare-associated infections

MRSA number of infections and rates of *Clostridium Difficile*

Performance status: Improved

The number of MRSA bacteraemia and *C. difficile* infections was reduced in Q1 2010/11, compared with the previous quarter.

In April-June 2010, 419 MRSA bloodstream infections were reported, which is 13 percent fewer than the previous quarter.

In April-June 2010, 5,983 *C. difficile* infections were reported, which is six percent fewer than the previous quarter.

Weekly, hospital-level data on these infections is now available on www.data.gov.uk. This means that patients have access to a comprehensive range of data to support them in understanding how well their hospital is doing in tackling these infections.

6. Keeping adults and children well

NHS Health Checks programme

The data collected on NHS Health Checks has changed, so that it now includes the number of eligible people offered and receiving an NHS Health Check, in order that uptake rates can be worked out. Data will be published when PCTs have had time to adapt to the changes.

Diabetic Retinopathy

Performance status: Deteriorated

The English National Screening Programme for Diabetic Retinopathy has been working with local programmes to improve the quality of the retinal screening programme offered across England. In some cases programmes have temporarily reduced the number of people screened to allow changes to processes to increase the quality of care. Nationally this has had an impact on the total number of people offered screening.

At Q1, 95.1 percent of people known to have diabetes were offered screening for diabetic retinopathy in the previous twelve months.

More people with diabetes are being offered screening for retinopathy than ever before and to higher standards. However, the speed of progress is variable across the country and some PCTs are still not offering screening to all people with diabetes.

Smoking cessation

Performance status: Improved

A continued focus on treatment effectiveness and the quality of services is needed to ensure that motivated smokers are given the best possible chance of success.

Q4 2009/10 statistics on numbers using NHS Stop Smoking Services were published in August 2010. Between April 2009 and March 2010, 757,537 people set a quit date through NHS Stop Smoking Services, an increase of 13 percent (86,278) on the final figure for the same period in 2008/09 (671,259).

The figures on the NHS Services show a significant increase in the numbers of smokers accessing and successfully stopping through these services – the highest numbers accessing and quitting since the services began.

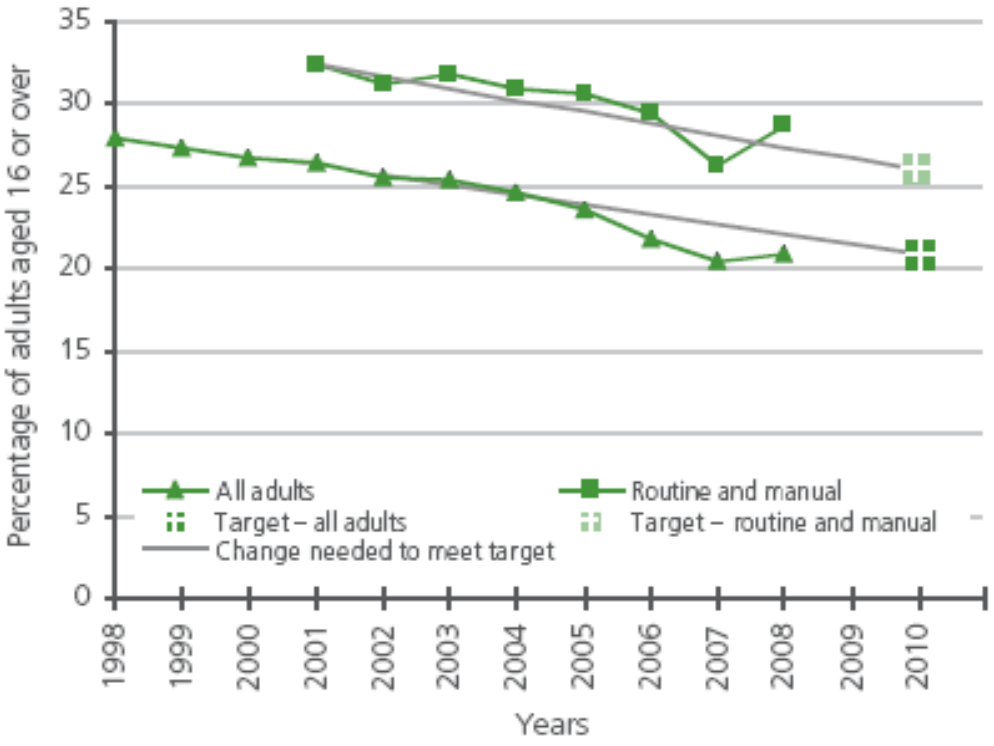
NHS Stop Smoking Services account for about 8 per cent of all quit dates set, but a quarter of all successful quitters.

757,537 people set a quit date through the services between April 2009 and March 2010, and 49 percent were still quit at 4 weeks post their planned quit date.

Item	Number	Proportional change from 2008/09
Number setting a quit date	757,537	13 percent increase
Number quit at 4 weeks	373,954	11 percent increase

69 percent of successful quitters had their results confirmed by carbon monoxide (CO) validation, a year on year increase since 2006/07 which demonstrates an improvement in the quality of service provided.

Figure 7: Cigarette smoking prevalence among adults aged 16 and over, by socioeconomic status in England



Stroke and TIA

Performance status: TIA - Maintained

Performance status: Stroke – Improved

At the hearing of the Committee of Public Accounts in February 2010, Sir David Nicholson, NHS Chief Executive and Professor Roger Boyle, National Director for Heart and Stroke, committed to develop an accelerated stroke improvement programme to deliver more rapid improvements across the care pathway during the

current financial year. This Vital Sign covers three of the nine areas identified to achieve that ambition.

Nationally, 68.1 percent (61.5 percent in Q4) of patients admitted with a stroke spent 90 percent of their time on a stroke unit. The March 2011 threshold is for 80 percent of patients to be on a stroke unit for 90 percent of their time. Forty six PCTs have reached the March 2011 threshold in Q1.

For TIA nationally, 56.2 percent of those patients with a high risk of stroke presenting in an outpatient setting were investigated and treated within 24 hours. The position at Q4 2009/10 was the same at 56.2 percent. The March 2011 threshold is for 60 percent of patients to be treated within 24 hours. Sixty eight PCTs had reached the March 2011 threshold in Q1.

The SHA chart below shows that performance varies between SHAs with some already exceeding the thresholds and others with some way to go to do so. Variations at PCT level are greater.

Department of Health Performance Management colleagues are working with the Stroke Improvement Networks and the NHS to help to deliver the changes necessary to deliver improved outcomes for people who have a stroke or experience a TIA.

Figure 8: The Q1 2010/11 stroke and TIA performance by PCT